



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 041 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # V24720 1. Entity Name SOUTHERN AIRE OF CENTRAL FLORIDA, INC. | | | |  | |
| Principal Place of Business 1743 CANOVA STREET SE PALM-BAY, FL 32909 US | | | Mailing Address 1743 CANOVA STREET SE PALM BAY, FL 32909 US | | |
| 2. Principal Place of Business 2115 PALM BAY RD NE Suite, Apt. #, etc. 2E | | 3. Mailing Address 2115 PALM BAY RD. NE Suite, Apt. #, etc. 2E | |  | |
| City & State PALM BAY FL | | City & State PALM BAY FL | | 4. FEI Number 59-3121303 | |
| Zip FL | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FULLER, RONALD 1743 CANOVA STREET SE PALM BAY, FL 32909 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2115 PALM BAY RD. NE #2E City PALM BAY FL Zip Code 32905 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FULLER, RONALD 1743 CANOVA STREET SE PALM BAY, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FULLER, KAREN 1743 CANOVA STREET SE PALM BAY, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Karen Fuller</u> SEC 4/8/05 321-723-0277 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |